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NOTICE OF FILING/CLAIM FEE(S) DUE TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

FEE CALCULATION SHEET WITH YOUR RESPONSE.	OF THIS
APPLICATION NUMBER: 868972	
Total Fee Calculation	

	Fee Code	Total # Claims	Number Extra	x	Fee	Fee =	Total
	Sm./Lg.				Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101	0.5	•				220
Total Claims >20	203/103	<u>30</u> -20 =		x			200
Independent Claims >3	202/102		•	X			560
Mult. Dep Claim Present	204/104		•		<u></u>		
Surcharge	205/105	•					130
English Translation	_139						,
TOTAL FEE CALCULA	ATION	•			·		1680
Fees due upon filing th	ne application:						. • •
Total Filing Fees Due	=\$	1680					
Less Filing Fees Subm	itted -\$	0		_			
BALANCE DUE	=\$	1680	5	_			

Office of Initial Patent Examination



PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1996

Application or Docket Number

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977

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
FOR	· ·	NUMBE	R FILED	NUMBER EXTRA ,			RATE	FEE	ſ	RATE	FEE
BASIC	FEE							385.00	OR		770.00
TOTA	CLAIMS	3	minus 2	0 = 1 / ()	ľ	x\$11=		OR	x\$22=	220
INDE	PENDENT CLA	IMS /	minus	3 =	2	ı	x40=		OR	x80=	50
MULTIPLE DEPENDENT CLAIM PRESENT					ŀ	+130=		OR	+260=		
* If the	* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	15SC
		CLAIMS AS A	MENDED -	PART II (Column 2)	(Column 3)		SMALL ENTITY			OTHER THAN R SMALL ENTITY	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	·3 B	Minus 1	30	=		x\$11=		OR	x\$22=	
MEN	Independent	· /b	Minus	/0	=		x40=		OR	x80=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					ŀ	+130=		OR-	+260=	
(Column 1) (Column 2) (Column 3)						,	TOTAL ADDIT. FEE		OR A	TOTAL ADDIT. FEE	
NT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	*	Minus	**	=		x\$11=		OR	x\$22=	
AMENDMENT	independent	*	Minus	***	=		x40=		OR	x80=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=		
	(Column 1) (Column 2) (Column 3)					TOTAL ADDIT. FEE			OR ADDIT. FEE		
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	= .		x\$11=		OR	x\$22=	
AMENDMENT	Independent	*	Minus	***	=		x40=		OR	x80=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+130=		OR	+260=	
*** H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										